

## Welcome to Gentle Doctor Animal Hospital

**Primary Owner:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone (if different from cell): \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

**Spouse/Co-Owner (\*List any person that will have treatment and financial decision authority):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone (if different from above #'s): \_\_\_\_\_

**How Were You Referred? (Place a check in the appropriate space)**

- Friends/Family Member \*Please indicate who we can thank for the referral: \_\_\_\_\_
- Humane Services / St. Charles Pet Adoption Center
- Drove By Location
- Internet \*Please indicate Google, Yahoo, Yelp, Social Media, Our Website, or Other: \_\_\_\_\_

**Pet Information:**

Name	Dog/Cat /Other	Breed	Date of Birth	Gender (M / F)	Spay/Neuter (S / N)	Color	Known Allergies

**Photo Consent:**

Yes       No

By checking 'YES', I consent and authorize Gentle Doctor Animal Hospital to use pictures of my present pet(s) and all future pets for purposes of social media posts, hospital website/brochures or for educational purposes. I understand that once my consent is given, it will remain in effect until I provide written revocation of consent.

**Medical Record Release:** I hereby give permission to the employees of Gentle Doctor Animal Hospital to provide health records as needed to outside services including, but not limited to: Boarding kennels, Groomers, Animal Control, Veterinary Emergency Centers and Specialty Veterinarian Hospitals as they deem appropriate and necessary.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Payment is DUE at The Time Services Are Rendered\***